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## APPLICANTS

Jon D. Kilmer, Warminster, PA;

Thomas Sealese, Doylestown, PA;

\*\* CONTINUING DATA \*\*\*\*\* *no*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *no*

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\*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>	PA	4	20	4

## ADDRESS

Robert E. Cannuscio, Esq.  
 DRINKER BIDDLE & REATH LLP  
 One Logan Square  
 18th & Cherry Streets  
 Philadelphia, PA  
 19103-6996

## TITLE

Packaging for hair bands having split mount panel

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 417		<input type="checkbox"/> 1.16 Fees ( Filing )
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